



11060 County Road 3 (Box 164)
South Mountain, Ontario K0E 1W0
1-800-387-0504
www.jedexpress.com



Application for Drivers

Your application for JED Express Ltd **must** include the following five items...

1. Completed JED Express Ltd. Application
2. Current Drivers Abstract
3. Current CVOR Abstract
4. Current Criminal Record Check
5. Copy of Current Medical





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APPLICATION FOR QUALIFICATION

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and JED Express Ltd.

Instructions to Applicant

Please answer all questions. If the answer to any questions is "No" or "None", do not leave the item blank

Date: _____ Position applying for (check one) _____ Local Driver
 (dd/mm/yyyy) _____ Long Haul Driver

Name _____
 (First) (Middle) (Last)

Phone Number _____ Emergency Phone Number _____

* Age _____ Date of Birth _____ Social Insurance Number _____
 (dd/mm/yyyy)

*The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 of age.

Physical Exam Expiration Date _____

Current & Three Years Previous Addresses:

 From: _____ To: _____
 (dd/mm/yyyy) (dd/mm/yyyy)

 From: _____ To: _____
 (dd/mm/yyyy) (dd/mm/yyyy)

 From: _____ To: _____
 (dd/mm/yyyy) (dd/mm/yyyy)

Have you worked for this company before? _____ Yes _____ No

If yes, please give dates From: _____ To: _____
 (dd/mm/yyyy) (dd/mm/yyyy)

Reason for leaving? _____



Education History

Please circle the highest grade completed Grade School 1 2 3 4 5 6 7 8 9 10 11 12
College 1 2 3 4 Post Graduate 1 2 3 4

Employment History

Give a complete record of all employment for the past TEN years, including any unemployment or self-employment, and all

Name: _____ From: _____ To: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Address: _____ Position Held: _____

Reason for leaving : _____

Phone#: _____ Fax#: _____

Were you subject to FMCSR* while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Name: _____ From: _____ To: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Address: _____ Position Held: _____

Reason for leaving : _____

Phone#: _____ Fax#: _____

Were you subject to FMCSR* while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Name: _____ From: _____ To: _____
(dd/mm/yyyy) (dd/mm/yyyy)

Address: _____ Position Held: _____

Reason for leaving : _____

Phone#: _____ Fax#: _____

Were you subject to FMCSR* while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Name: _____ From: _____ To: _____
 (dd/mm/yyyy) (dd/mm/yyyy)

Address: _____ Position Held: _____

Reason for leaving : _____

Phone#: _____ Fax#: _____

Were you subject to FMCSR* while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Name: _____ From: _____ To: _____
 (dd/mm/yyyy) (dd/mm/yyyy)

Address: _____ Position Held: _____

Reason for leaving : _____

Phone#: _____ Fax#: _____

Were you subject to FMCSR* while employed here? _____ Yes _____ No

Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle (1) has a GVWR or weighs 10,001 pounds or more, (2) is designed or used to transport nine or more passengers or (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.

Driving Experience

Class of Equipment	Date From	Date to		Approx Number of Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two trailers				
Tractor - Three trailers				
Other				

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, Haz-Mat, etc.): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for the past three years (attach sheet if more space is required)

Date of Accident	Nature of Accident (head on, rear end, etc)	Location of Accident	# of fatalities	# of people injured

Traffic convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

Province/State	License #	Type	Endorsements	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)?
- D. Have you ever been convicted of a felony?

Personal References

List three persons for references, other than family members, who have knowledge of your safety habits.

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

To be Read and Signed by Applicant

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty. It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from an liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application for Qualification in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Remarks (For office use only)
